

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>119781893</i>	FILING DATE <i>02-09-01</i>						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			*			*		
1	/						51	/						
2		/					52	/						
3		/					53	/						
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32	①						82							
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43	/						93							
44	/						94							
45	/						95							
46	/						96							
47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	53						TOTAL DEP.							
TOTAL CLAIMS	56						TOTAL CLAIMS							